



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

November 12, 2015

Ms. Wanda King, Manager  
Fairwinds Residential Care Home  
108 Mechanic Street  
North Bennington, VT 05257

Dear Ms. King:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on October 7, 2015. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief



NOV 09 2015

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0031	(X2) MULTIPLE CDNSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  10/07/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FAIRWINDS RESIDENTIAL CARE HOME

108 MECHANIC STREET  
NORTH BENNINGTON, VT 05257

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 10/7/2015. The following regulatory deficiencies were identified.	R100		
R179 SS=C	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that at least twelve (12)	R179	Please see attached Plans of Correction.	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6889

SFH811

If continuation sheet 1 of 5

*Wanda J. King*

*Owner-Administrator 11/4/18*

R179-R159 POCs accepted 11/12/18 BROWN R179/18

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  10/07/2015
NAME OF PROVIDER OR SUPPLIER  FAIRWINDS RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 108 MECHANIC STREET NORTH BENNINGTON, VT 05257			
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R179	Continued From page 1  hours of training each year was provided to 5 of the 5 direct care staff reviewed. Findings include:  1.) During review of the training records for direct care staff, there was no evidence for training in fire safety of 1 of the 5 direct care givers. All the other care givers received training 9/10/2014 and one of these caregivers was also the trainer. Confirmation from the administrator/owner on 10/7/15 at 12:42 PM per statement, "If it is not written down, then it is not done."  2.) Review of the training record did not present evidence that 5 of the 5 caregivers have received training in the following areas: a) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid b) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation c) Respectful and effective interaction with residents d) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions e) General supervision and care of residents.  Confirmation obtained during interview with the administrator at 12:42 PM who stated, "If it is not written down, then it is not done."	R179			
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.	R190			

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R190	Continued From page 2  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to provide evidence of the results of the criminal record and adult abuse registry checks for 3 of 5 staff. Findings include:  1.) Record review of background checks for 5 employees presented that 1 direct caregiver did not have either the criminal record or the adult abuse registry check completed. Per interview with the administrator at 12:42 PM, s/he stated that s/he thought they had been done, but cannot present the evidence. S/he said, "If it is not here then I must not have done it."  2.) Record review of background checks for 5 employees presented that 2 other employees did not have evidence of a returned adult abuse registry check. The administrator provided the signed request form but was not able to provide the evidence that any results had been returned to the facility. S/he confirmed at 12:42 PM that s/he did not have the results.	R190			
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.15 Policies and Procedures  Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the	R200			

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R200	Continued From page 3  facility failed to have available written policies and procedures that govern all services provided by the home. Findings include:  The facility has 2 cats and during review of the health records for the pets, it was requested to see the policy regarding pets. The administrator stated that s/he did not have written policies regarding pets. Upon further interview with the administrator at 2:00 PM, s/he stated there were no policies surrounding missing residents and the administrator said that the facility did not have written policies and procedures as required by regulations.	R200		
R247 SS=E	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.  This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to provide evidence that foods are stored and held at proper temperatures. Findings include:  During the tour of the kitchen refrigerator/freezer, there were 3 half-gallon containers of ice cream in the freezer that were soft to the touch. The temperature log could not be located. Per the care giver at 11:10 AM, s/he stated that they did not know about checking the freezer temperature.	R247		

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R247	Continued From page 4  Upon further review, there was no evidence that temperature logs were kept for foods prior to serving. Per interview with the administrator at 11:40 AM, s/he stated they were unaware that the temperatures needed to be taken and a record should be provided. S/he stated that they do not keep logs and do not temp the food prior to serving.	R247		
R259 SS=D	VII. NUTRITION AND FOOD SERVICES  7.3 Food Storage and Equipment  7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, there facility failed to insure that poisonous compounds were not stored in a locked compartment within the food storage area. Findings include:  During the tour of the kitchen at 11:15 AM, the cupboard under the sink had several chemical compounds, including: bleach, glass cleaner, Lysol, Fantastic Spray cleaner, Mr. Clean, Murphy Oil and Pine Sol cleaner. Confirmation from caregiver at this time that the chemical compounds were under the sink. Per interview with the administrator at 11:30 AM, s/he stated they were not aware that these items could not be stored under the cupboard without being locked.	R259		

Division of Licensing and Protection

STATE FORM

6899

SFH811

If continuation sheet 5 of 5

Fairwinds Residential Care Home  
108 Mechanic Street  
North Bennington, VT 05257

Wednesday, November 4, 2015

Regarding State Survey Plan of Correction on October 7, 2015

In response to R179 5.11a and 5.11b Staff Services:

We definitely provide training to all of our staff every year, generally in excess of 12 hours. We are working on providing the mandated trainings listed in the survey to each staff member. Our staff training year begins on January 1<sup>st</sup> and ends December 31<sup>st</sup>.

This allows us finish the mandated trainings for the year 2015 as required by state regulation 5.11.b 1 through 7. My nurse and myself will provide these trainings to all staff on a yearly basis.

In response to R179 5.11a and 5.11b Staff Services:

The staff member that did not have documentation of the Fire and Safety training has been since been provided by the Fire and Safety Training which has been documented in our Employee Training Records. We will continue to provide the mandated training on a yearly basis as required by state regulations 5.11b.

In response to R190 5.12b Resident Care and Home Services:

Since the survey was conducted we have contacted the Adult Abuse Registry and they have suggested that we use the printed form instead of the online registry, so we are presently working on fishing the Abuse Registry Checks for all staff for the year 2015. We will continue to do the Abuse Registry Check along with the Criminal Background Checks on a yearly basis as required by the state regulation 5.11d.

In response to R200 5.15 Policies and Procedures:

In addition to our other policies and procedures we have added policies and procedures on pets as required in regulation 10.1 a through c, and 10.2 a through f. We have also created

policies for Missing Resident as required by state regulation 5.12c (3). Both have been placed on our bulletin board in our kitchen area and in the Policy Book.

In response to 247 7.2 Safety and Sanitation:

Any food that was not at the appropriate temperature was discarded that day. We do use thermometer in our refrigerators and freezers, however we have never logged them. On October 7, 2015 printed logs were composed and posted on side of the refrigerator where temperatures of freezer and refrigerator, and cooked foods are being recorded daily and signed by the person recording them.

In response to 259 7.3 Food Storage and Equipment:

All of our cleaner have been stored under the kitchen sink since the first day Fairwinds opened for business. At the present time we have applied a child lock to these cabinets. If this is not sufficient we will apply a key lock system in the future as required by state regulation 7.3.1

Wanda J. King, Owner and Administrator